

ELECTRICAL, HEATING & COOLING, AND WRECKING LICENSE REQUIREMENTS:

GENERAL INFORMATION:

Please submit all documentation required for the filing status in which you are applying. The names on all documentation (application, certificate of insurance, bond, and workman's compensation) must read exactly the same. This License will be renewable every two (2) years after the December 31st, expiration date. All Corporations and LLCs must register with the Indiana Secretary of State.

License Holders and Corporations/LLC's have separate fees and each must fill out a license holders application.

LICENSE FEES **New Business:** (2 yrs-18 mths remaining) \$247.00; (18 mths-1 yr remaining) \$185.00; (Less than a year) \$124.00

New Individual: (2 yrs-18 mths remaining) \$377.00; (18 mths-1 yr remaining) \$283.00; (Less than a year) \$189.00

Renewals - Business & Individual: \$247.00 Please

Agents: 1-5 agents no charge, 6 or more agents \$63.00 each make checks payable to "The City of Indianapolis"

LICENSE REQUIREMENTS:

Sole Proprietors: Insured/principal should be listed as the "**Sole Proprietor DBA (doing business as) the Business Name**"

Partnerships: Insured/principal should be listed as the "**Partners DBA (doing business as) the Partnership Name**."

DBA's, that do not include the surname of the proprietor or partner, must register in the county in which the business originates. Proof of the DBA registration must be submitted with this application. If the county does not record DBA's the contractor should submit a letter stating the county policy. For DBA's located in Marion County, contact the Marion County Recorders Office at (317) 327-4020.

Corporations/LLCs: Must register with the Indiana Secretary of State at (317) 232-6576.

• APPLICATION

Must have dated signature of sole proprietor, partner, or officer of the corporation (attesting that information is complete and accurate)

Must list at least one license holder authorized to obtain permits

• GENERAL LIABILITY INSURANCE CERTIFICATE

Must have a certificate of insurance with:

- ✓ Minimum of \$500,000 for each occurrence of death or bodily injury
- ✓ Minimum of \$100,000 for each occurrence of property damage.
- ✓ **OR** Combined single limit coverage which covers both bodily injury and property damage, minimum of \$500,000 per occurrence

Must indicate the policy number or "Binder"

Must identify the effective and expiration dates of the coverage

Must name the sole proprietor, partnership, or corporation as the insured

Must indicate coverage for "Electrician", "Heating & Cooling Work", or "Wrecking"

Must not limit coverage to a single job

Must name the "**Consolidated City of Indianapolis**" as Additional Insured

Must list the City of Indianapolis as Certificate Holder

Must notify the Department of Code Enforcement, in writing, at least 15 days prior to cancellation

• WORKMAN'S COMPENSATION INSURANCE

Corporations: Due to the nature of a corporation, the owner/principal becomes an employee of the corporation (including Sub-S Corporations). By Indiana Sate Law they are required to carry workman's compensation coverage – at least covering the owner/principal.

Must carry Workman's Compensation Insurance for workers employed in Indianapolis/Marion County

Must identify the effective and expiration dates of coverage

Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

Limited Liability Companies: If you have employees:

Must carry Workman's Compensation Insurance for workers employed in Indianapolis

Must identify the effective and expiration dates of coverage

Must indicate the policy number or "Binder" (a binder is only valid for 30 days from date of issuance)

If you do NOT have employees:

Must submit signed letter on letterhead stating that neither the company nor the principals have any employees at this time. If in the future employees are hired, a certificate of insurance reflecting workman's compensation coverage will be provided to the Department of Code Enforcement.

Partnerships and Sole Proprietors, If you have employees:

Must carry Workman's Compensation Insurance for workers employed in Indianapolis

Must identify the effective and expiration dates of coverage

Must indicate the policy number or indicate "Binder" (a binder is only valid for 30 days from date of issuance)

If you do NOT have employees:

Must complete the workman's compensation waiver on the application

Must name the "**Consolidated City of Indianapolis and/or an Unknown Third Party**" as Obligee

Must indicate coverage for a Electrical Contractor, Heating/Cooling Contractor, or Wrecking Contractor

Must be signed by the principal (If partnership, all partners must sign bond)

Must have the expiration date of 12/31/2013